

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1			1	
3		1			1	
4		1			1	
5		1			1	
6	1			1		
7		1			1	
8		1			1	
9		1			1	
10		2			1	
11	1			1		
12		1			1	
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	12	↓		↓
TOTAL CLAIMS			15			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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